Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Reply to "Antiviral and anti-inflammatory properties of ivermectinand its potential use in Covid-19"☆

En respuesta a "Propiedades antivirales y antiinflamatorias de ivermectina y su potencial uso en COVID-19"

To the Editor:

In their letter regarding our review entitled "Antiviral and anti-inflammatory properties of ivermectin and its potential use in Covid-19", the authors call upon "...professionals to practice responsible science..." with regard to "...the recommendation of treatments with ambiguous risk-benefit profiles". In the last paragraph of our review we stated that "evidence suggests that this drug can act at different stages of the disease" but that "controlled studies must be conducted first to demonstrate the effect of ivermectin against Covid-19."[1]

Our article was submitted to Archivos de Bronconeumología on June 9 of this year and accepted by the editors after peer review on June 15 without any correction. All the articles available on the subject were included. Those responsible for editing the final version modified the reference of Patel et al. to "N Engl J Med. 2020, https://doi.org/10.1056/NEJMoa2001282.5", cited by us as "Patel AN, Desai SS, Grainger DW, Mehra MR. (2020). Usefulness of ivermectin in COVID-19 illness. Published April 19, 2020 (preprint) (Patel et al., 2020) doi: 10.1056/NEJMoa2001282.5". We were unaware of this change until we began to draft this reply. When we access the referenced doi, the article does not appear, and when we questioned the editors of the NEJM, they replied that they could not confirm or deny anything that had not been published, as the process is confidential. When we submitted our manuscript, we did not know that reference 3 would be removed without a trace. The authors of the letter to which we reply refer to the article "Ivermectin in COVID-19 related critical illness", withdrawn from the ssm.com repository,[2] as if it were the one we cited. Both studies use data extracted from material collected by Surgisphere Corporation, whose founder is Sapan Desai, co-author. Dr Desai, along with A. Patel, M. Mehra and F. Ruschitzka published in The Lancet a paper entitled "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis" in which they reported that these drugs increased mortality rates. This prompted multiple criticisms of the egregious methodological flaws that culminated in the last 3 authors submitting a comment to the magazine, published on June 5.[3] in which they retracted their article because of serious concerns about the veracity of the data with which they had worked. That same day, The Lancet withdrew the article.[4] On 25 June, the NEJM did the same with "Cardiovascular disease, drug therapy, and mortality in Covid-19."[5]

The corresponding author of our paper is a member of the Covid-19 Expert Committee. This guarantees the autonomy of his actions, as the Peruvian Ministry of Health, like all scientific societies and state health agencies the world over, selects doctors that have no conflicts of interest in the matter in which they are consulted.

A few months after the pandemic began, 34 clinical trials were registered, 2 of which are already completed, and these will help determine if ivermectin is useful in the treatment and prophylaxis of Covid-19. In a few more months we hope to have the answer.

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The Importance of Dependence in Global Assessment of Hospitalized Patient☆

La importancia de la dependencia en la valoración global del paciente hospitalizado

To the Editor:

We read with great interest the article by Fernández-García et al.[1] recently published in Archivos de Bronconeumología on the assessment of dependence as a predictor of mortality following hospitalization for COPD exacerbations. The authors developed 3 scores for predicting mortality that included the variables age > 60 years, FEV1 < 50%, and Charlson Index (CI) ≥ 3. They were surprised to find that dependence, measured by the Barthel and Lawton and Brody indices are independent predictors of mortality that carry a greater weight than other conventional variables.

Despite the existence of different dependency scales[2], few publications in the scientific literature allow us to correctly evaluate their weight in the morbidity and mortality of our patients[3,4]. Our group recently reported data from a cohort of 305 octogenarians with multiple diseases and a prevalence of COPD of 21.3%, in which

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